

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10788879 FILING DATE 02-27-04
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|------------------------|-----|------------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | | | | | |
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| 7 | | | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
| 17 | | 1 | | | | |
| 18 | | 1 | | | | |
| 19 | | 1 | | | | |
| 20 | | 1 | | | | |
| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
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| 29 | | 1 | | | | |
| 30 | | 1 | | | | |
| 31 | | 1 | | | | |
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| 34 | | 1 | | | | |
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| 39 | | 1 | | | | |
| 40 | | 1 | | | | |
| 41 | | 1 | | | | |
| 42 | | 1 | | | | |
| 43 | | 1 | | | | |
| 44 | | 1 | | | | |
| 45 | | 1 | | | | |
| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
| 48 | | 1 | | | | |
| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
| 51 | 1 | | | | | |
| 52 | 1 | | | | | |
| 53 | 1 | | | | | |
| 54 | 1 | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 29 | | | | | |
| TOTAL CLAIMS | 31 | | | | | |